

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

David L. Almand

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

811 Kleberg Court Southlake Texas 76092

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 505-3703

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Catherine B. Almand

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

811 Kleberg Court Southlake TX 76092

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(650) 399-5287

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

10 / 16 / 2017

THROUGH

Month Day Year

3 / 25 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

5 / 4 / 2019

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Carroll ISD Trustee Place 7

13 OFFICE SOUGHT (if known)

Carroll ISD Trustee Place 7

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*David L. Almand*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *25.00*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *825.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ *44.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,335.31*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

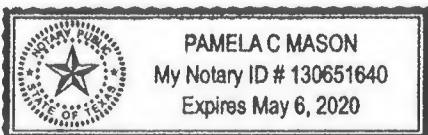
\$ *514.69*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ *1000.00*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David L. Almand*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *David L. Almand*, this the *1<sup>st</sup>* day of *April*, 20 *19*, to certify which, witness my hand and seal of office.

*Pamela C. Mason*

Signature of officer administering oath

*Pamela C. Mason*

Printed name of officer administering oath

*Admin Asst. /  
Notary Public*

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 825 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000 <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,291.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

David L. Almond

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Webb

7 Amount of contribution (\$)

200<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2801 Florence Rd Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Derrick Hunt

Contributor address;

City; State; Zip Code

3325 Baygatch Ct. Southlake, TX 76092

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Chris Archer

Contributor address;

City; State; Zip Code

1309 Byron Nelson Pkwy Southlake, TX 76092

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Mike Finch

Contributor address;

City; State; Zip Code

3029 Garrison Rd. Altus, OK 73521

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

David L. Almand

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sandeep Gill

7 Amount of contribution (\$)

250<sup>00</sup>

6 Contributor address;

City; State; Zip Code

601 Coyote Rd Southlake TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rachel Smith

Amount of contribution (\$)

75<sup>00</sup>

Contributor address;

City; State; Zip Code

201 Donley Ct. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

David L Almand

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2/18/2019

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David L Almand

9 Loan Amount (\$)

1,000

6 Is lender a financial institution?

Y N

8 Lender address;

City;

State;

Zip Code

811 Kleburg Court Southlake, TX 76092

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>David L Almand</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/11/2019</b>		5 Payee name <b>WIX.com, Inc</b>			
6 Amount (\$) <b>165.90</b>		7 Payee address; City; State; Zip Code <b>2601 Mission St. San Francisco, CA 94110</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>David L Almand</b>		Office sought <b>Corralito Trustee Place 7</b>	
Date <b>2/13/2019</b>		Payee name <b>Harland Clarke</b>			
Amount (\$) <b>20.00</b>		Payee address; City; State; Zip Code <b>15955 La Contera Pkwy. San Antonio, TX 78256</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Banking</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>David L Almand</b>		Office sought <b>Corralito Trustee Place 7</b>	
Date <b>2/19/2019</b>		Payee name <b>Costco Business Printing</b>			
Amount (\$) <b>23.80</b>		Payee address; City; State; Zip Code <b>3325 South 116th St. Suite 161 Seattle, WA 98168</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>David Almand</b>		Office sought <b>Corralito Trustee Place 7</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>		2 FILER NAME <u>David Almand</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/20/2019</u>		5 Payee name <u>Vz marketing</u>			
6 Amount (\$) <u>688<sup>25</sup></u>		7 Payee address; City; State; Zip Code <u>5900 Bingle Rd Houston, TX 77092</u>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>David Almand</u>		Office sought <u>Corroll ISD Trustee 7</u>	
Date <u>3/5/2019</u>		Payee name <u>Costco Business Printing</u>			
Amount (\$) <u>168<sup>86</sup></u>		Payee address; City; State; Zip Code <u>3325 South 116<sup>th</sup> St. Suite 161 Seattle, WA 98168</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>David Almand</u>		Office sought <u>Corroll ISD Trustee 7</u>	
Date <u>3/5/2019</u>		Payee name <u>Frost Bank</u>			
Amount (\$) <u>8<sup>00</sup></u>		Payee address; City; State; Zip Code <u>P.O. Box 16509 Fort Worth, TX 76162</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>Banking</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>David Almand</u>		Office sought <u>Corroll ISD Trustee 7</u>	
				Office held <u>Corroll ISD Trustee 7</u>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>	<b>2</b> FILER NAME <u>David Almond</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/22/2019</u>	<b>5</b> Payee name <u>IMPACT 516N5</u>	
<b>6</b> Amount (\$) <u>216.50</u>	<b>7</b> Payee address; City; State; Zip Code <u>5411 Industrial Blvd. Suite A. Grapevine, TX 76051</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name <u>David Almond</u></span> <span>Office sought <u>CTSD Trustee</u></span> <span>Office held <u>CTSD Trustee</u></span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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